

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH9411
State File No.

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 164 | | PRIMARY REG. DIST. NO. 3032 | | Registrar's No. 41 | |
| 1. PLACE OF DEATH a. COUNTY Johnson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg | | c. LENGTH OF STAY (In this place) 2 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia | | 5804 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 124 E. Market | | | | d. STREET ADDRESS (If rural, give location) 614 W. Broadway 1 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) SARAH | | b. (Middle) NAOMI | | c. (Last) CRUTCHER | | 4. DATE OF DEATH (Month) (Day) (Year) March 12 1950 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married | | 8. DATE OF BIRTH Oct-30-1874 | |
| 9. AGE (In years last birthday) 75 | | 10. MONTHS 4 | | 11. DAYS 14 | | 12. IF UNDER 1 YEAR Hours Mins. 4 14 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Richmond Virginia | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | | | | | | |
| 13a. FATHER'S NAME John S. Russell | | 13b. MOTHER'S MAIDEN NAME Sarah Lamb | | 14. NAME OF HUSBAND OR WIFE John C. Crutcher | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Marvin Crutcher Sr. Sedalia | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis Chronic Valvular Disease | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days 491X | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Warrensburg Johnson MO | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from March 9, 1950, to March 12, 1950, that I last saw the deceased alive on March 12, 1950, and that death occurred at 3:30 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE L.W. Crutcher (Degree or title) | | | | 23b. ADDRESS Frank Hoster, Mo | | 23c. DATE SIGNED March 15, 1950 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-14-50 | | 24c. NAME OF CEMETERY OR CREMATORY Crown Hill | | 24d. LOCATION (City, town, or county) (State) Sedalia Mo | |
| DATE REC'D BY LOCAL REG. 3-15-50 | | REGISTRAR'S SIGNATURE Savannah Crutcher | | 25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros | | ADDRESS Sedalia | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAR 21 1950
JOHNSON COUNTY HEALTH DEPT.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 31534

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.